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**Practitioner's Docket No. MPI98-067CP2CN1AM**  
**(703) 872-9306**

**PATENT**

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**Submitted herewith:**

Transmittal

(2 pages—in duplicate)

Response to Restriction Requirement

(2 pages)

**Total**

**Pages (7 pages)**  
(Including this cover sheet)

TO/SB/97 (08-00)

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Practitioner's Docket No. MPI98-067CP2CN1AM

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lehar, Sophie, et al.  
Application No.: 09/989,545 Group No.: 1644  
Filed: November 20, 2001 Examiner: Ouspenski, Ilia I.  
For: NOVEL TH2-SPECIFIC MOLECULES AND USES THEREOF

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

1. Transmitted herewith for this application is/are:  
a. This Transmittal (2 pages - in duplicate); and  
b. Response to Restriction Requirement (2 pages).

## STATUS

2. Applicant is other than a small entity.

## PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a \_\_\_\_\_ month extension:

Fee: \$0.00

Extension fee due with this request \$0.00

## CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

## MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
37 C.F.R. SECTION 1.8(a)

- ☐ with sufficient postage as first class mail.

- ☐ as "Express Mail Post Office to Addressee"  
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## TRANSMISSION

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Signature

Diana Gentile

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Date: 7 September 2004

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If an additional extension of time is required, please consider this a petition therefor.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY		
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	
Total	0	Minus	0	=	0	\$18.00	=	\$0.00
Indep.	0	Minus	0	=	0	\$86.00	=	\$0.00
First Presentation of Multiple Dependent Claims			0			\$290.00	=	\$0.00
						Total Addit. Fee		\$0.00

Total additional fee for claims required \$0.00

### FEE PAYMENT

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

### FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.  
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7. Correspondence Address  
Direct all future correspondence to:

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OR  
Intellectual Property Department  
MILLENNIUM PHARMACEUTICALS, INC.  
40 Landsdowne Street  
Cambridge, MA 02139

7 September 2004

MILLENNIUM PHARMACEUTICALS, INC.

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